

Minnesota Board of Nursing

For Your Information

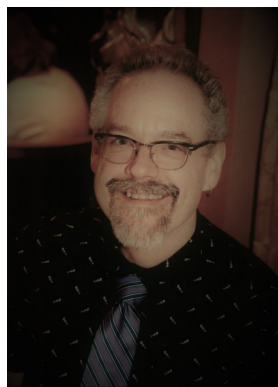


BOARD OF NURSING

Winter 2022

Volume 30, Issue 1

President's Message: Bob Muster



It has been my privilege to serve on the Board of Nursing under the leadership of skilled presidents including Deb Haagenson and Michelle Harker,

and to work with Executive Directors Shirley Brekken and Kimberly Miller. It is my hope that I will bring some of the shared wisdom of these accomplished women to my new role as President of the Board. I was initially appointed by Governor Mark Dayton for a four-year term June 2015 and was reappointed by Governor Tim Walz for a second four-year term July 2019. I work as an academic dean for a Minnesota State college and hold a PhD in Nursing, an MS in Nursing Education, and an MA in Teaching. I have been an academic nurse since 2000. Prior to that my clinical practice focused on adult critical care from the 80's through 2010.

The Board faces many challenges in 2022 including the continuing threat of COVID-19 and its variants. The pandemic has impacted every aspect of the Board's regulatory areas: nursing education, licensure, and practice. Nursing students and educators responded creatively and nimbly to the sudden unavailability of face

-to-face clinical opportunities through skillful implementation of simulation technology. Changes in nursing licensure processes have included the streamlining of endorsement licensure for nurses licensed in other states and dissemination of information to nurses and health systems. The Board continues to support professional practice and recognizes the dedication of the nursing professionals providing care to Minnesotans throughout the pandemic.

In 2021, 5,714 registered nurses and 435 licensed practical nurses sought endorsement licenses to practice nursing in Minnesota ([Nursing Workforce Data](#)). This is slightly up from the previous year (4,865) and may be related to the need to provide care to Minnesotans experiencing acute or critical care needs related to COVID-19. Endorsement is the process by which nurses licensed to practice in another state seek authorization to practice in Minnesota. Each nurse who resides in any state or jurisdiction other than Minnesota must go through this process to legally practice in Minnesota.

Many states participate in the [Nurse Licensure Compact](#) (NLC) that allows nurses residing in those states to practice in all other compact states. At this time, the NLC has 39 member states and jurisdictions. Joining the NLC requires legislative action and there is no pending Minnesota legislation to participate in the NLC.

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You may receive a survey from the National Council of State Boards of Nursing (NCSBN). This survey is modeled on the 2017 survey of Minnesota nurses on this topic. Please take the time to offer your thoughts on the Nursing Licensure Compact.

Mandatory Continuing Education for APRNs: Best Practices in Prescribing Controlled Substances

Effective through December 31, 2022, all health care licensees with the authority to prescribe controlled substances and who hold current DEA registration must obtain two hours of continuing education credits (CEU) on best practices in prescribing opioids and controlled substances, including non-pharmacological and implantable device alternatives for treatment of pain and ongoing pain management at the time of license renewal.

All APRNs must log into their Board of Nursing account, click on the Opioid CE tab on the left, click Submit to Proceed, click through the pages, and answer the eligibility questions to determine if they are exempt from completing the continuing education. APRNs who are not exempt are required to submit verification of completion of the CEU with the course objectives prior to December 31, 2022. The exemptions are the individual:

1. does not hold DEA registration, or
2. participates in the Department of Human Services Opioid Prescribing Improvement Program (OPIP). An individual is considered a participant if the individual has prescribed opioids for outpatient pain management to a Minnesota Health Care Programs (MHCP) member in the current or the last calendar year AND received an opioid prescriber report from DHS in the last calendar year. An MHCP member is someone with Minnesota Medicaid or MinnesotaCare insurance.

If you do not know if you participate in the DHS OPIP, please email dhs.opioid@state.mn.us.

The Board will review the certificate to ensure it meets the requirements of the law. **The Opioid CE tab in the licensees account will disappear once the requirements are met.**

It is the APRN's responsibility and accountability to be aware of this requirement and to submit verification of completion of the continuing education at the time of APRN license renewal. Frequently asked questions and a list of known acceptable courses that currently meet the requirements in the law is [here](#).

MS 214.12 Subdivision 7 and will expire on January 1, 2023. A link to the statute is here https://www.revisor.mn.gov/bills/text.php?number=HF400&version=6&session=ls91&session_year=2019&session_number=0&format=pdf.

When is it ok to check the box that says I have met the continuing education requirements for renewal of my license?

When you renew your license you are asked to testify you have completed any continuing education required for renewal of your registration. By checking the box testifying that you have fulfilled the continuing education requirements for renewal of registration you are testifying you have done so at the time you check the box.

A paper application testifying statement looks like this:

| TESTIFYING STATEMENT OF CONTINUING EDUCATION | |
|--|---|
| <input type="checkbox"/> | I have fulfilled the continuing education requirements for renewal of registration. I agree to retain the required written evidence regarding the continuing education for two years and provide it to the Minnesota Board of Nursing in the event I am audited. By checking this box I testify I have fulfilled the continuing education requirements for renewal of registration. |
| <input type="checkbox"/> | I choose to defer _____ hours of continuing education until my next registration renewal. I understand if I defer hours, it means I have an insufficient number of contact hours for this renewal. I understand I may not use this option if I must report deferred contact hours for this registration renewal. |

An online testifying statement looks like this:

| |
|--|
| <p>Continuing Education (select one of the following):</p> <p><i>I have fulfilled the continuing education requirements for renewal of registration. I agree to retain the required written information regarding the continuing education for two years and provide it to the Board of Nursing in the event I am audited.</i></p> <p><i>I wish to defer some or all of continuing education until my next registration renewal period.</i></p> |
|--|

If you have not completed the continuing education requirements for your renewal at the time of renewal, you may not check the box testifying completion of continuing education. You are not testifying that you *will* meet the continuing education requirements by the time your registration is set to expire; you are testifying that you *have* met the continuing education requirements at the time you check the box.

For example: Your current registration period is April 1, 2020 to March 30, 2022. You complete your renewal application on February 1, 2022 and you have not completed all of your continuing education for renewal but you are registered for an online continuing education course that you will complete by March 15, 2022. Because you have not completed your continuing education requirements by the time you renew on February 1, 2022, you may not check the box that states you have fulfilled the continuing education requirements for renewal of registration. You must choose to defer some or all of your continuing education or wait until you have completed the requirements on March 15, 2022 before you may check the box that states you have fulfilled the continuing education requirements for renewal of registration.

Nursing Workforce Data Report 2021

The MN Board of Nursing strives to achieve its mission to protect the public's health and safety through several activities, one of which is to disseminate information to the public and to nurses. Through the value of responsiveness, the Board of Nursing Data Resource Committee developed and produced the 2021 Nursing Workforce Report by gathering data from the Minnesota Board of Nursing (MBN) database, annual nursing program Compliance Surveys, Minnesota Department of Health, Office of Rural Health and Primary Care (ORHPC), National Council of State Boards of Nursing (NCSBN), and Minnesota Department of Employment and Economic Development (DEED). This report was presented at the August 5, 2021 Board meeting.

In this report tables and graphs examine nine MN nursing workforce areas of interest including:

- Licensure by Examination and MN Program Graduate Data
- Licensure by Endorsement Data
- Current Nurse Licensure, Average Age, and Licensee Gender Data
- Licensure Regional Data
- MN Nurse Ethnicity Data
- Nursing Education Data
- Employment/Nursing Practice Data
- Nursing Salary Data
- Nurse Unemployment and Potential Retirement Data

This report can be found at the following [here](#).

Board Officers Elected

Board of Nursing officers were elected at the December 2, 2021 Board meeting. President-elect Robert Muster, PhD, RN is serving his second four-year term as a Board member representing associate degree nursing education. He has served on the Data Resource and Education Committees. Dr. Muster shared his expertise by participating in many nursing program site visits during his years on the Board. He will preside at the February 3, 2022 meeting and serve a one-year term.

Becky Gladis, LPN was re-elected Vice President and is serving her second four-year term representing licensed practical nurses in the state. Ms. Gladis presided over the October and December 2021 Board meetings upon the resignation of Shelley Harker, Board President. Previously, Ms. Gladis was the Board secretary. She is a member on the Executive, Education and Nursing Practice committee. Ms. Gladis was a past member of the NCSBN NCLEX Item Review Subcommittee (NIRSC).

Laura Elseth, LPN was elected board secretary. L. Elseth was appointed to the board July 1, 2020 representing licensed practical nurses in the state. Ms. Elseth serves on the Data Resources Committee and is currently chair of that committee. She is committed to obtaining and using data to address nursing practice.

Nursing Faculty Shortage in Minnesota

Nursing faculty shortages are occurring nationally, impacting the number of students a program can accept. According to the American Association of Colleges of Nurses (AACN) report on *2019-2020 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 80,407 qualified applications from baccalaureate and graduate nursing programs in 2019 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Most nursing schools responding to the survey cited faculty shortages as a top reason for not accepting all qualified applicants into their programs.

Higher compensation in clinical and private-sector settings is luring current and potential nurse educators away from teaching. According to the [American Association of Nurse Practitioners](#), the average salary of a nurse practitioner, across settings and specialties, is \$110,000. By contrast, AACN reported in March 2020 that the average salary for a master's-prepared Assistant Professor in schools of nursing was \$79,444.

These national trends are reflected in Minnesota nursing programs. To assess the current magnitude of the faculty shortage in Minnesota and to gain comparison data, the Board of Nursing education department surveyed all 91 nursing programs in December 2021. The response rate at this time for all programs was between 70-80 percent. It is apparent Minnesota nursing programs continue to face a significant faculty shortage.

The table below displays actual and anticipated faculty vacancies in Minnesota.

| Program Type | Fall 2019 August-December Actual Faculty Vacancies as Reported in Survey | | Spring 2020 January-May Anticipated Faculty Vacancies | | Spring 2022 January-May Anticipated Faculty Vacancies | |
|----------------------------|---|-----------|---|-----------|---|-----------|
| | PT | FT | PT | FT | PT | FT |
| PN Programs | 7 | 5 | 18 | 4 | 16 | 4 |
| AD Programs | 10 | 5 | 22 | 12 | 19 | 13 |
| BS Programs | 27 | 19 | 17 | 10 | 47 | 7 |
| MS Programs | 2 | 6 | 0 | 3 | 14 | 0 |
| APRN Programs | 2 | 7 | 2 | 8 | 3 | 2 |
| Total Faculty Needs | 48 | 42 | 59 | 37 | 99 | 26 |

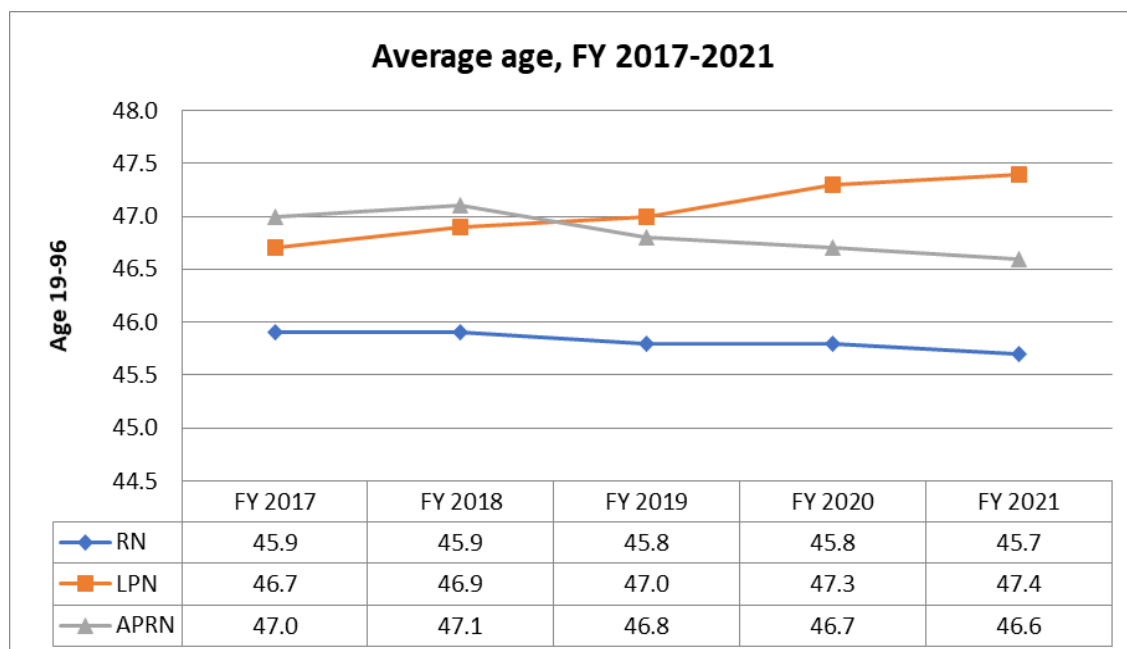
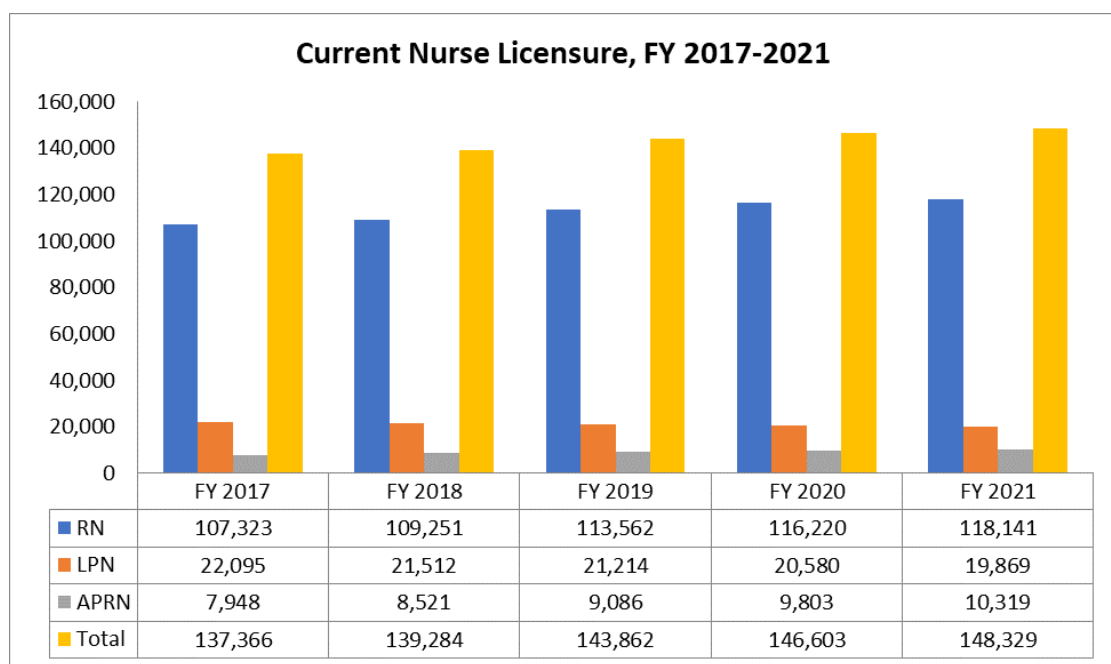
| | | | |
|---|---------------------|-------------------------|--------------------|
| PN-Practical Nurse | AD-Associate Degree | BS-Baccalaureate Degree | MS-Master's Degree |
| APRN-Advanced Practice Registered Nurse | PT-Part-time | FT-Full-time | |

References

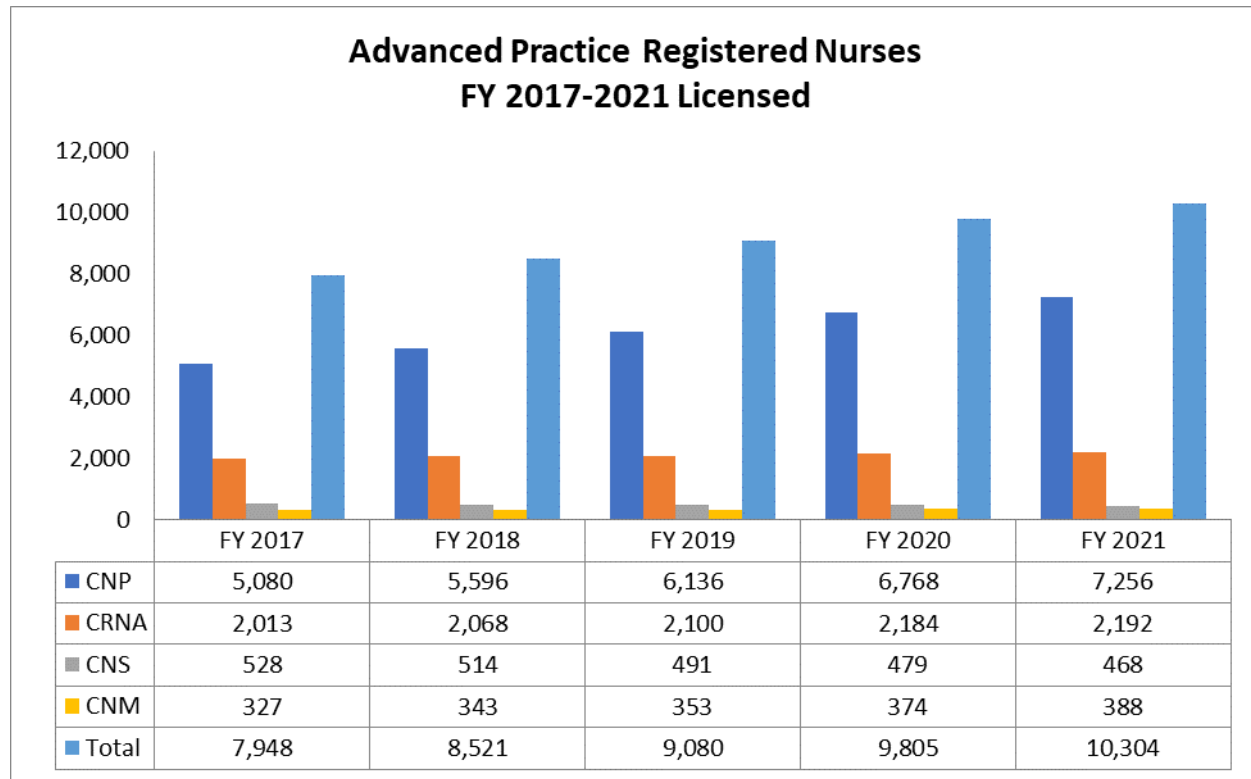
American Association of Colleges of Nursing. (2020). *Fact sheet: Nursing shortage*. Retrieved from <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Faculty-Shortage>.

Annual Licensure Report for Fiscal 2021 Reported at the December Board of Nursing Meeting

Minnesota Statutes sections 148.171 – 148.285 provides the Board of Nursing with authority to regulate nursing practice for the purpose of public protection. Within this authority, the Board's mission is to protect the public's health and safety through regulation of nursing education, licensure, and practice. The Board of Nursing licenses nurses to assure the public that the individuals who practice nursing in Minnesota have the requisite education, competence, and ethical character to practice nursing safely and effectively. Each year, the annual Minnesota Board of Nursing Licensure Report is reported to the Board. This article provides highlights from the FY 2021 report. The full report may be viewed at https://mn.gov/boards/assets/Annual_Licensure_Rpt_2021_tcm21-322613.pdf.



(cont. from pg. 6)



The Board offers round-the-clock licensure services: initial licensure, renewal, change of address, public health registration, reregistration and payment of penalty fees can all be done online at the Board's website. The majority of services conducted online are renewals and applications for licensure by exam.

Licensure services are provided by eleven licensure staff who respond to telephone calls, emails, and walk-in customers. They process applications, mail, and deposit fees. Per year the Board receives approximately 50,000 telephone calls, 50,000 emails, and 1,000 walk-in customers.

The Board office has remained open during the pandemic; however, licensees are encouraged to conduct business through US mail, email, or fax.



Required use of the Prescription Monitoring Program (PMP) by Prescribers

Effective January 1, 2021, a prescriber (or an agent or employee of the prescriber to whom the prescriber has delegated the task) will be required to check the PMP prior to issuing prescriptions for Schedule II through IV opiate controlled substances. There are several exceptions to that requirement. (See actual legislation below). **The Board of Pharmacy notes that many of the worst doctor-shoppers identified with Prescription Monitoring Program (PMP) data have received multiple prescriptions for quantities of only one or two days – with no refills authorized. Consequently, the BOP recommends that the PMP be checked even if quantities of less than five days are prescribed and even if no refills are authorized.**

[MS 152.126](#) Subd. 6 (12) (d) 1-9 provides that beginning January 1, 2021, a prescriber or their delegate must check the PMP:

- before the prescriber issues an initial prescription order for a Schedules II through IV opiate controlled substance to the patient; and
- at least once every three months for patients receiving an opiate for treatment of chronic pain or participating in medically assisted treatment for an opioid addiction.

Exceptions to checking the PMP are:

- the patient is receiving palliative care, or hospice or other end-of-life care;
- the patient is being treated for pain due to cancer or the treatment of cancer;
- the prescription order is for a number of doses that is intended to last the patient five days or less and is not subject to a refill;
- the prescriber and patient have a current or ongoing provider/patient relationship of a duration longer than one year;
- the prescription order is issued within 14 days following surgery or three days following oral surgery or follows the prescribing protocols established under the opioid prescribing improvement program under section 256B.0638;
- the controlled substance is prescribed or administered to a patient who is admitted to an inpatient hospital;
- the controlled substance is lawfully administered by injection, ingestion, or any other means to the patient by the prescriber, a pharmacist, or by the patient at the direction of a prescriber and in the presence of the prescriber or pharmacist;
- due to a medical emergency, it is not possible for the prescriber to review the data before the prescriber issues the prescription order for the patient; or
- the prescriber is unable to access the data due to operational or other technological failure of the program so long as the prescriber reports the failure to the board.

Strategies to Increase Diversity in Nursing Programs

Nursing is facing a shortage, not only in numbers, but diversity, that is representative of the populations served. The American Association of Colleges of Nursing (AACN) developed a white paper *"Promising Practices in Holistic Admissions Review: Implementation in Academic Nursing"* (December 2020) that highlights the responsibility of higher education institutions to recruit, admit and retain a more diverse student enrollment. The white paper states, "As a profession, nursing is committed to providing safe, quality care to all persons in an equitable manner. Preparing a richly diverse nursing student population is essential to improving health outcomes for the nation and achieving a robust supply of healthcare providers who better reflect the society served." The holistic admissions process focuses on an understanding of the whole student, as opposed to ranking students by their academic credentials. AACN began advocating for Holistic Admissions Review in 2016 by collaborating with Urban Universities for Health and now offer Holistic Admissions Review workshops to nursing schools.

Minnesota is committed to addressing disparities in health care which keep our entire state from reaching its full potential. To this end, Governor Walz created an Office of Inclusion based on the core values of diversity, inclusion, and equity. Reflecting a commitment to these same values, several Minnesota nursing programs adopted a holistic admissions process and other programs are developing such a process. The following are examples of Holistic Admissions Review implemented by some Minnesota Nursing Programs.

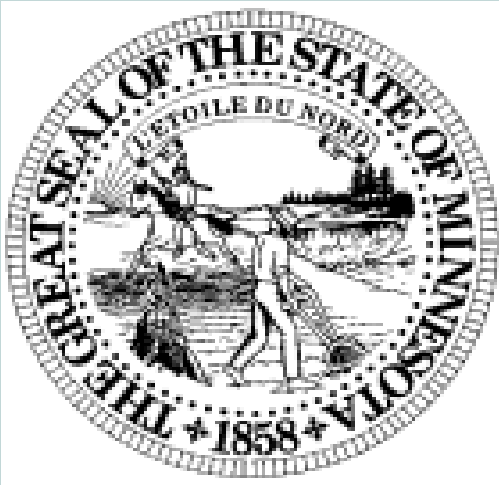
Minnesota Alliance for Nursing Education (MANE) adopted a Holistic Admissions Review made up of three components: Experiences (40%), Attributes (40%) and Metrics (20%). Experiences are provided in a personal story including overcoming obstacles and/or personal growth; Attributes addresses intellectual curiosity and other educational and training experiences teamwork, certifications, teamwork, collaboration, and accountability; Metrics is comprised of GPA and the ATI TEAS. Metropolitan State University and Moorhead State University are the baccalaureate members of the Alliance and Anoka Ramsey Community College, Century College, Inver Hills Community College, Normandale Community College, North Hennepin Community College and Ridgewater College are the associate degree program participants. Here is the link to the process: [Holistic admissions – nursing program \(metrostate.edu\)](https://www.metrostate.edu/academic/admissions/nursing/holistic-admissions-review)

The University of St. Thomas will use a holistic admissions review process in the inaugural class of entering baccalaureate (BSN) and master's (MSN) pre-licensure nursing students. This will be a shift from metrics alone to include the E-A-Ms, experience, attributes, and metrics model. One component of the process is a video-based situation judgement (VSJ) assessment. The strongly preferred GPA for admissions will be 3.0. The University developed a rubric for each component of the admissions review. <https://health.stthomas.edu/media-library/documents/mfcoh-son-faqs.pdf>.

The Journal of Nursing Education's guest editorial *Improving Diversity of the Nursing Workforce Through Evidence Based Strategies* by Tara Spencer (2020) states, "The purpose of holistic admissions is not to lower the standard of nursing education rather to broaden the concepts of a successful student who can contribute to nursing's mission and goals."

References:

- American Association of Colleges of Nursing (2020) *Holistic admissions*: <https://www.aacnnursing.org/Diversity-Equity-and-Inclusion/Holistic-Admissions>
- American Association of Colleges of Nursing (2020) *Promising practice in holistic admission review: Implementation in academic nursing* <https://www.aacnnursing.org/Portals/42/News/White-Papers/AACN-White-Paper-Promising-Practices-in-Holistic-Admissions-Review-December-2020.pdf>
- Spencer, T. D. (2020). Improving Diversity of the Nursing Workforce Through Evidence-Based Strategies. *Journal of Nursing Education*, 50(7), 363-364 <https://doi.org/10.3928/01484834-20200617-01>



Minnesota Board of Nursing

Link to Board member profiles:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

How to become a Board member:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/become-member.jsp>

Minnesota Board of Nursing Members

| Board Member Name | Board Role |
|------------------------|----------------------------------|
| Jacob Anderson | Public Member |
| Kaleeca Bible | RN Member |
| Laura Elseth | LPN Member, Board Secretary |
| Sakeena Futrell-Carter | APRN Member |
| Julie Frederick | RN Member |
| Becky Gladis | LPN Member, Board Vice-president |
| Lynette How | RN Member |
| David Jiang | Public Member |
| Rhonda Johnson | LPN Member |
| Latasha Lee | RN Member |
| Katherine Lynch | LPN Member |
| Robert Muster | RN Member, Board President |
| Rui Jorge Pina | RN Member |
| Sara Simons | RN Member |
| Laurie Warner | Public Member |
| VACANT | Public Member |
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Resources for Saving on Prescription Drugs

The Minnesota Board of Pharmacy has created a web page of resources to help residents purchase prescription drugs at a lower cost. Further information can be found on the Minnesota Board of Pharmacy site.

[Minnesota Insulin Safety Net Program](#)

In 2020, the Minnesota Legislature passed the [Alec Smith Insulin Affordability Act](#), which Governor Walz signed into law on April 15, 2020.

For more information, visit the

[Board of Pharmacy Minnesota Insulin Safety Net Program](#) webpage.

